2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000085055 1. Entity Name EAST COAST UNITED MANAGEMENT, INC.

Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

Principal Place of Business

5645 SIMS RD DELRAY BEACH FL 33484

2. Principal Place of Business

HERNANDEZ, EMANUEL

DELRAY BEACH FL 33484

5645 SIMS RD

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

Mailing Address

P.O. BOX 6106

3. Mailing Address

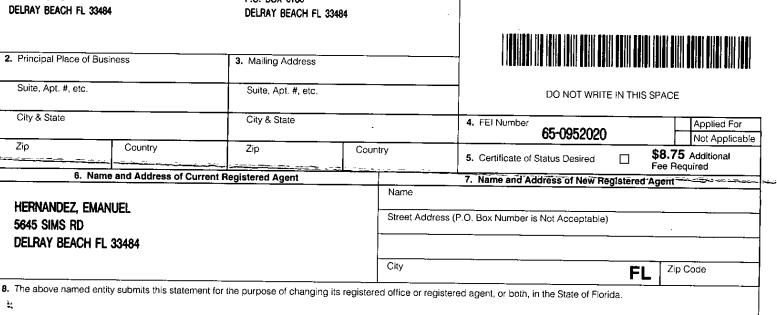
City & State

Zip

Suite, Apt. #, etc.

DELRAY BEACH FL 33484

FILED Apr 22, 2002 8:00 am Secretary of State 04-22-2002 90287 047 ***150.00



DATE

Tax filing : (See crite	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)		FEE IS \$150.00 Fee will be \$550.00 to Department of St	tate	Election Campaign Financing Trust Fund Contribution.	\$5. Adde	00 May Be
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERNANDEZ, EMANUEL 5645 SIMS RD DELRAY BEACH FL 33484	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS		7.	☐ Change	☐ Addition

Country

City

(NOTE: Registered Agent signature required when reinstating)

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like expowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

Change

Addition